

CHILDREN'S MENTAL HEALTH BUREAU'S

**CHILDREN'S MENTAL HEALTH SERVICE
PLAN**

MANUAL

July 1, 2006

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POLICY FOR CHILDREN'S MENTAL HEALTH SERVICES PLAN (CMHSP)

Program Name: Children's Mental Health Service Plan (CMHSP)
ARM 37.89.106 – 135

Responsible Agency: Children's Mental Health Bureau, Health Resources Division

Funding Source: TANF Maintenance of Effort (MOE)

PROGRAM CHARACTERISTICS:

1. CMHSP is not an entitlement program.
2. CMHSP is a capped program.
3. The program year is July 1 through June 30th.
4. All services must be medically necessary.
5. Limited to youth with serious emotional disturbance (SED).
6. CMHSP has two parts with different coverage, Part A and Part B. Part A funds are intended for youth who do not have Medicaid or CHIP coverage and are within 150% of federal poverty level. Part B funds are intended for supplemental services not covered by Medicaid, CHIP, or Part A.
7. Part B funds must be directed at family stabilization or reunification.
8. Part B funds are short-term, not to exceed 90 days.
9. Part B is payment of last resort.

PART A:

ELIGIBILITY FOR PART A:

A youth with serious emotional disturbance (SED) (ARM 37.86.3702(2) who meets the following criteria is eligible for CMHSP Part A:

1. is not eligible for Medicaid, but a youth who has applied for Medicaid and the application is pending may be eligible until Medicaid eligibility is determined, or
2. is not eligible for C.H.I.P, a patient who is under 19 years and the individual has been denied enrollment in C.H.I.P may be eligible (ARM 37.89.106(1)©, and
3. family gross income is within 150% of the most recently published federal poverty guidelines, and
4. is not under the custody of Child and Family Services, Youth Court, DOC, or Tribal Court or Tribal Social Services. Does include a youth in the custody of his/her custodial parent, relative, adoptive parent or other adult, and
5. the appropriate application has been completed, reviewed and youth has been determined to meet the financial and SED requirements for CMHSP.
6. An adolescent youth who has met the eligibility requirements of the plan as a youth with serious emotional disturbance (SED), but who will not meet the eligibility requirements of the plan as an adult with severe and disabling mental illness (SDMI) may continue to be

eligible as an adolescent for the purpose of transition to independent living until the age of 21 provided the individual continues to meet income requirements and remains enrolled in school. (ARM 37.89.106(1)(d)).

FEDERAL POVERTY GUIDELINE

The table below provides information on federal poverty levels for 2005.

Family Size	150%	Family Size	150%
1	\$14,700	6	\$40,200
2	\$19,800	7	\$45,300
3	\$24,900	8	\$50,400
4	\$30,000	9	\$55,500
5	\$35,100	10	\$60,600

(For each additional person above 10 add \$5,100.)

DEFINITIONS:

Youth means: a person residing in the State of Montana who has not yet attained 18 years of age. EXCEPTION: SED youth may include an individual who has not yet attained 21 years of age if the person is enrolled in a special education program. (ARM 37.89.103(17)).

Custody means: the individual (parent, relative) or entity (Child and Family Services (CFS), Department of Corrections (DOC), Tribal Court or Social Services, etc. who has the legal authority and responsibility to provide for the day to day needs of the youth, authorize treatment or placement, and is responsible for payment for treatment of the youth.

- a. The youth cannot be considered to be living with the parent for CMHSP, when custody is being altered so that a parent's income or resources are not considered in a Medicaid determination or a C.H.I.P. application.
- b. When youth court assumes responsibility for supervision of a youth, but the financial responsibility remains with the parent, the child is considered to be living with the parent if the placement is temporary and the plan is for the youth to return home.
- c. When a youth is residing with a relative (within 5th degree), the youth is considered to be living with the parent.
- d. When a court has terminated the rights of the parent and granted responsibility to a state agency, Tribal agency, etc., the youth cannot be considered to be living with the parent for CMHSP.

Temporary means: the youth is residing outside the home for a period of less than 90 days and the intent set forth in the plan is for the child to return home. When the child is placed into therapeutic out of home treatment, e.g. RTC, group care, foster care, and the intent and plan is for the youth to return home and intent is actively pursued, and the parent retains financial responsibility, the youth is considered to be living with the parent.

HOW TO APPLY FOR PART A:

To be eligible for CMHSP, a two-step eligibility process is followed. The first step is to determine if the youth's family gross income meets the financial limits of the program. When the youth is determined financially eligible, the second is to determine if the youth meets the requirements of a youth with serious emotional disturbance (SED).

Step 1:

1. A youth must be determined not eligible for Medicaid.
2. If ineligible for Medicaid an application for the C.H.I.P. program must be submitted. The applications are available in all Montana communities, at county health departments, health care facilities, WIC offices, Head Start facilities, Indian Health Services and many more community locations. Applications are also available by mail: call 1-877-KidsNow (1-877-543-7669). Completed applications are submitted to: C.H.I.P., PO Box 202951, Helena, MT 59620. A personal interview is not required. Please allow up to six (6) weeks for your application to be processed.
3. In order for the application to be referred to Children's Mental Health Bureau for consideration for CMHSP, the applicant must complete question on page one (1) of the application by answering 'yes' to the question: "Does a child in your family need or receive treatment for an emotional condition."
4. When an application is received that has not been reviewed by C.H.I.P. eligibility staff, the application will be forwarded to C.H.I.P. for review. In order for the application to be referred to Children's Mental Health Bureau for consideration for CMHSP, the applicant must provide the name of the child and the treatment provider on page one of the CHIP application
5. C.H.I.P. eligibility will determine if the youth is within 150% of the federal poverty guidelines for C.H.I.P. If a youth's family gross income is not within 150% of the federal poverty guidelines, the youth is not eligible for CMHSP.
6. When youth is determined eligible but is not enrolled in C.H.I.P., the application is forwarded to CMHSP for processing.

Step 2.

1. Current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, professional counselor), and social history is forwarded to the Children's Mental Health Bureau. Current means completed or updated within the past 180 days (6 months). The Bureau will determine if the youth meets the criteria for serious emotional disturbance (SED) pursuant to the SED definition set forth in ARM 37.86.3702(2). Additionally, CMHB will also determine if the youth meets the requirements for enrollment into CMHSP.
2. Written response containing the Bureau's decision will be sent to the applicant within five (5) workdays of receiving the application and the current psychological information set forth in 1 above. If the information is incomplete or is not current, CMHB will request correction of the incomplete information and the time for completion of the determination will be suspended until adequate information is received by CMHB. The request for additional information will be in writing and set forth a date by which the information is to be provided.

3. The application will be denied if the youth does not meet SED definition.
 - a. When additional or corrected information is requested and not received by the date specified, the application will be denied for lack of timeliness. The applicant can request an extension of the time line to respond for good cause. The request must be in writing and the extended time period agreed to by CMHB. Request for additional time is limited to one extension request.
 - b. When the youth meets the eligibility for CMHSP, but the CMHSP enrollment cap has been reached and/or the funding cap has been reached, the application will be approved but enrollment denied because the cap has been reached. The applicant will be placed on a waiting list based upon a first come first serve basis. If funding becomes available the applicant will be moved from the waiting list to enrollment in CMHSP. The applicant will be notified in writing of the status change.
4. The effective date for eligibility is the date the application is received by C.H.I.P. Eligibility for CMHSP is not retroactive.
 - a. Eligibility may be for a period not to exceed one year depending upon the funding available for the CMHSP.
 - b. Eligibility may be for a period not to exceed one year unless the enrolled members family gross incomes rises above 150% of the federal poverty level, or there are changes in clinical conditions that may result in the enrolled youth no longer meeting the SED requirements.
 - c. Applicants and their legal guardian are responsible to inform CMHB of any change in their financial situation that results in the family gross income rising about the 150% federal guideline.
 - d. Notice of financial changes is to be in the form of a new application submitted to CMHB within 5 workdays of such change being identified.
 - e. Notice of clinical changes are submitted in writing to CMHB.
 - f. Notice is sent to CMHB at PO Box 202951, Helena, MT 59620-2951.
5. When a youth enrolled in CMHSP is determined to no longer meet eligibility requirements a written advance notice of 10 days will be provided notifying the youth and legal guardian of termination of CMHSP services. The 10 days will be from the date of the written letter. Notice will be through regular U.S. mail to the address listed on the application.

ELIGIBILITY RENEWAL:

1. A renewal form will be sent to the enrolled member 30 days prior to expiration. This will be used to determine financial and SED eligibility.
 - a. If the renewal application is received within 30 days following expiration, the renewal will be effective retroactive to the date of expiration, with no lapse in eligibility.
2. If renewal is not completed within 30 days of expiration, eligibility will be terminated.
 - a. If the renewal application is received after the 30-day period, and if the applicant is determined to continue to meet financial eligibility, the eligibility will be effective the date the application was received by CMHB and there may be a gap in coverage. CMHSP is not responsible for expenses incurred during the gap.
3. An updated new clinical assessment and psychosocial history that includes current functioning is required for a renewal.

APPEALS AND REAPPLICATION:

1. If an applicant disagrees with the determination, the applicant may request reconsideration from the CMHB. The request must be submitted within 30 days of the date of the letter notifying the applicant of the determination.
2. A new application may be submitted anytime the applicant's:
 - a. family gross income decreases sufficiently to fall below 150% of the federal poverty level,
 - b. and/or the applicant's condition changes sufficiently to meet the SED requirements.

If the applicant is then found eligible, the effective date will be the date the subsequent application was received by CHIP.

3. When the reapplication is for financial reasons, and if a previous clinical assessment was completed within six months of the second application, a new clinical assessment and psychosocial history is not required.

BILLING:

Billing for services provided under part A of CMHSP are submitted to ACS and processed through the Medicaid payment system.

SERVICES PROVIDED UNDER PART A (37.89.114 MCA).

1. Evaluation and assessment of psychiatric condition by licensed and enrolled mental health provider.
2. Physician visits are not limited when the purpose is for screening and identifying psychiatric conditions and for medication management.
 - a. Medication management includes lab services medically necessary for management of prescribed medications with respect to a covered diagnosis.
3. Psychological assessments, treatment planning, individual, group and family therapy, and consultations performed by licensed psychologists, licensed clinical social workers, and licensed professional counselors for treatment of covered diagnoses in private practice or in mental health centers are covered services.
 - a. Individual therapy and Family therapy are limited to 24 visits per fiscal year. If patient requires session beyond 24, must have prior approval from First Health Services.
 - b. Group therapy does not have a limit on number of sessions.
4. Pharmacy (\$425 per month limit). This is limited to psychotropic drug formulary as listed in department's Mental Health Services Plan drug formulary if medically necessary with respect to a covered diagnosis.
5. Services provided by a licensed Mental Health Center are not limited except as listed in #3.
6. Respite care (6 units per 24 hours and 12 units/month).

PART B (SPECIAL SUPPLEMENTAL SERVICES):

ELIGIBILITY FOR PART B: The youth must be:

1. In the custody of their parent or guardian, and not in the custody of Child and Family Services (CFS), Department of Corrections (DOC), Youth Court, Tribal Court, or Tribal Social Services,
2. On Medicaid, C.H.I.P or Part A; however the service requested cannot be a service provided by those services.
3. Funds can only be used for mental health services as determined by CMHB.
4. Part B is intended for short-term services/stays. Short term means 90 days or less.
5. Youth :
 - a. is receiving Residential Treatment Centers (RTC) and is ready for transition to a less intensive therapeutic treatment environment and service is necessary to activate transition and is not covered by the bundled payment made to the RTC facility, or
 - b. is at risk of placement into RTC, or
 - c. is at risk of out of home placement because manifestation of the SED illness is disrupting the family capacity to keep the youth in the home, or because own serious mental illness (not parent's illness) cannot be appropriately served in a family, or
 - d. is at risk of out-of-state placement, or
 - e. in need of specialized care that cannot be provided in the family home and is directed at return of the youth to their own home, family preservation, or transition to a community based treatment environment,

The Provider must have a contract with CMHB to receive payment under Part B. Once a contract is signed, the provider is able to submit a monthly billing to CMHB based upon approved rates, limits, etc. set forth in the letter of prior approval.

HOW ARE REQUESTS MADE FOR PART B?

Initial and continued service requests for use of CMHSP Part B funds are submitted by the youth's mental health Targeted Youth Case Manager (under contract with the CMHB) to the regional CMHB field staff.

- a. For room and board requests, prior authorization for therapeutic youth group home or therapeutic family care services (in a foster care placement) must be approved by First Health prior to approval of CMHSP funds.
- b. Requests are processed on a first come first serve basis.
- c. Requests are submitted to:

Region I: Novelene Martin, Program Officer, (p) 232-0870 (f) 232-6755, 708 Palmer, Miles City, MT 59301,

Region II: Sharon Odden (p) 268-3742 (f) 761-8663 2300 12th Avenue South, Suite 211, Great Falls, MT 59405

Region III: Walt Wagenhals, Program Officer, (p) 657-3120, (f) 657-3178, 2525 4th Ave North, Suite 309, Billings, MT 59101

Region IV: Rita Pickering, Program Officer, (p) 444-1323, (f) 444-1681, 316 North Park – Room 285, Helena, MT 59623

Region V: Cynthia Erler, MSW, Program Officer, 2677 Palmer – Suite 300, Missoula, MT 59808 (p) 329-1594, (f) 523-4150,

COMPONENTS OF THE REQUEST

Requests are written using the format established by the CMHB, *CMHSP-Part B Request for Additional Services*. The request is submitted in a legible format (typed is preferred). Requests that cannot be easily read or are incomplete may be returned to the applicant for correction.

Electronic forms can be obtained on our website at:

<http://www.dphhs.mt.gov/mentalhealth/children/index.shtml>

The request is expected to help the Bureau understand how the requested services will support success on the part of the youth and family in gaining recovery of the illness and their ability to manage the illness to the extent possible. The goal must be to prevent youth placement at a higher level of care or to return the youth to his/her family or a comparable placement. Active participation by parents and/or guardians in treatment efforts will be a primary focus of consideration in the authorization of Part-B requests.

The signed authorization for use and disclosure of financial information must be signed by the guardian must accompany the request before it is considered complete. This authorization is included in the Part B request form.

Other sources of income will not preclude eligibility for Part B funds. Funds including but not limited to Social Security income, adoption subsidies, child support, or parental contribution will be considered as partial payment towards the service. It is expected that this income will be used to offset the costs of the services provided. If use of these funds presents a hardship for the family the applicant may present justification to CMHB for consideration to reduce the contribution.

CMHB staff may request additional information considered essential to their determination to approve or deny the request. A request may be made either verbally or in writing to the Targeted Youth Case Manager. If the information is not received in the time period identified, the request may be denied.

APPROVALS/DENIALS

The CMHB will provide a written decision within 5 workdays of a complete request being received and accepted by the Bureau.

When the request is approved, a letter setting forth the conditions, limits, rates, etc. is sent to the provider identified for the service requested with a copy to the youth case manager.

- a. Approval may be provided for all or a portion of request at the discretion of CMHB. CMHB must consider available funds when rendering a decision. CMHB may not approve a request that results in exceeding the amount of funding authorized by the Montana legislature for the CMHSP program.
- b. When the request is denied, a letter will be sent to the provider with a copy to the Targeted Youth Case Manager.

The local Kids Management Authority, at the discretion of the Regional Program officer, may be utilized in the review and/or approval of Part B requests.

APPEALS:

If the provider or the client disagrees with the determination, they may request reconsideration from the CMHB.

- a. The request for reconsideration must be submitted in writing. Requests for reconsideration are sent to the CHMB at P.O. Box 202951, Helena, MT 59620-2951
- b. The request for reconsideration must be submitted within 30 days of the date of the written notification of denial to the provider.
- c. When the reason for denial is lack of available funding for CHMSP, the applicant may not request reconsideration of the determination.

BILLING AND PAYMENT FOR PART B SERVICES:

1. Only billings with original signature setting forth the service being billed, amount of service, dates of service, name of person receiving services, and provider of the service are acceptable for payment. Once CMHB approves the billing it is processed for payment.
2. CMHB may withhold payment if information, reports, etc. that have been requested are not provided in a timely manner.
3. Because timely information is essential to the management of this limited benefit, billing is expected to be submitted within 10 workdays following the month for which payment of services is requested. Payment is limited to services provided and the terms set forth in the letter of approval provided by CMHB.
4. Once a billing is received and approved by CMHB, payment is expected to be made within 30 days of date billing was received. If the billing is not accepted, written notice will be sent to the provider requesting correction. The 30 day time period for payment will begin with date corrected billing is received.
5. If the authorized funding is not used for any reason, please notify the CMHB field staff Program Officer in writing within 2 workdays.

SERVICES COVERED UNDER PART B:

1. Respite.
2. Room and Board for therapeutic group or foster care (usually limited to short term, defined as 90 days).
3. Wrap around individual 1:1 aid services to facilitate stabilization of youth's placement.
4. Services to the eligible child's family (added effective January 1, 2004) that are directly related to mental health treatment needs of the child based upon treatment plan of the child. Services are directed at the preservation of the child's family short term and long term.

SERVICES NOT PROVIDED UNDER PART B:

The following is a list of services that may be updated from time to time for which Part B funding may not be used.

1. Residential Treatment Centers
2. Therapeutic Group Care (except for room and board)
3. Therapeutic Foster Care (except for room and board)
4. Inpatient hospitalization
5. Intensive case management
6. Transportation
7. Typical public assistance provided by TANF, e.g. food, rent, utilities, clothing, etc.
8. Drugs or medications.
9. Non-therapeutic placements such as shelter care, or non-therapeutic group care.
10. Training or education
11. Services funded under Part A.